### **SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement** CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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Page 1 of 17

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TOWN AND CITY CLERK

		COAF	R PAGE	il.CT		
1. NAME OF COMMITTEE						
Howe for Council 2017						
2. TREASURER NAME						
First		МІ	Last			Suffix
Tiffany		Α	Howe			
3. TREASURER ADDRESS						
Street Address		City		State	Zip C	ode
31 South St Ext		Bri	stol	СТ	060	10
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Complete only	y if Candidate Committee)		6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/01/2017	City Council				(if applicable	2
7. CANDIDATE NAME (Complete only if	Candidate or Explorate	ory Committee)				
First		MI	Last			Suffix
Andrew		G	Howe			
8. TYPE OF REPORT (Check One Box)						
January 10 filing	7th day prece	ding primary	7th day preceding referendum			r Disbursement
April 10 filing	30 days follow	wing primary	(PACs ONLY)  Amendment to			
July 10 filing	7th day prece	ding election	Deficit	Type of Report:		
October 10 filing	12th day prec		Termination			
24 Hour Independent Expenditure Primary Election	045 days follow not held in No	wing election				
9. PERIOD COVERED						
	Beginning Da	ite	Ending Date			
	10/01/2017		thru 10/31/2017			
10. CERTIFICATION						
I hereby certify and state, under processing the performance of the pe	eriod covered is		all of the information set forth on the and complete.  THE HALL HALL  NT NAME OF SIGNER	is Itemized Ca	10/30/2	
A person who is	found to have kn	rowingly and w	villfully violated any provisions of the	e campaign fir	rance statu	tes

faces a civil penalty or imprisonment or both.

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		·
12. Balance on hand at the beginning of Reporting Period	1432.91	
13. Contributions Received from Individuals (Sections A and B)	0	4312.00
14. Receipts from Other Committees (Sections C1 and C2)	0	313.00
15. Other Monetary Receipts (Sections D through K)	0	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	95.00	95.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		5903.92
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1432.91	4625.00
19. Expenses Paid by Committee (Section P)	432.64	1183.92
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1000.27	1000.27
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		enter manifeste de la Companya de l La Companya de la Companya de
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (Provide Complete Name a	TYPE OF REPORT	TYPE OF REPORT			
A. Total Contributions from Sm: (See instructions for definition of Small Co.	\$				
Last Name	B. Itemized Con	ntributions from Indi	viduals		Тмі
Last Name		Flist			IMI
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer		<u> </u>	
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 to loss contributor or business he/she is ralued at more than \$5,000?		ct with said municipality	, Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a st	tate contractor or prospective si ch or branches	tate contractor? Yes No		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card	1 (OPayroll Deduction (OMoney)	Date Received Order	Aggregate Contributions		
Last Name		First	<u> </u>	1	MI
Residential Street Address		City		State	Zip Code
Principal Occupation	1	Name of Employer			<u> </u>
or dependent child of a lobbyist?  No d v.  Is this contribution associated with an event reported in Section L1?  Yes	If yes, indicate which bran	s associated with have a contra  Yes No  No  tate contractor or prospective s ach or branches	ct with said municipality  tate contractor?  Yes  No	, Amo	ount of Contribution
If yes, list Event # Method of Contribution:	of government the contract	t is with: Executiv	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order			
Last Name		First			MI
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 to loes contributor or business he/she invalued at more than \$5,000?		ct with said municipality	, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ch or branches	ONo		
Method of Contribution:  Cash Personal Check Credit/Debit Card	d OPayroll Deduction OMoney	Order Date Received	Aggregate Contributions		
	SUBT	OTAL Section B — Th	is Page		
	TOTAL	of additional Section B	Pages		
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections 3, Column A of Summary Pag			

NAME OF COMI	MITTEE (Provide Comple	ete Name as Registered	with Filing Reposi	itory)		TYPE OF REPORT		
		C1. (	Contributio	ons from (	Other Con	nmittees		
Name of Committee					Name of Ti	reasurer		
Address				Is this con event repo	orted in Section	siated with an OYes ONo	Amount o	f Contribution
						s, list Event #		
City		State	Zip Code	Date Re	eceived	Aggregate Contributions		
Name of Committee					Name of Ti	reasurer		
Address	•			Is this con	tribution assoc	ciated with an Yes No	Amount o	f Contribution
				event repo	orted in Section  If ye	a L1? s, list Event#		
City		State	Zip Code	Date Re		Aggregate Contributions	<del></del>	
Name of Committee					Name of Ti	reasurer		
Name of Committee								
Address				Is this con	tribution assoc orted in Section	ciated with an Yes No	Amount o	f Contribution
					If ye	s, list Event #		
City		State	Zip Code	Date Re	ceived	Aggregate Contributions		
	C2	Reimbursemer	ts or Surp	lus Distril	butions fro	om other Committees		
Name of Committee	<b>~-</b> ···		ics or surp		Name of T		<u> 1949 Augustan merupakan di</u>	
Address			.,	City			State	Zip Code
Addiess				City				
	I.E. B. H							
Date Received	Expenditure # (if applicable)	Payment Type	•				Amoun	t of Receipt
		OReimburser	nent for shared o	expense (	Surplus Distri	ibution		
Description								
Name of Committee					Name of T	reasurer		
								,
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	:				Amount	of Receipt
	(9 47	O Reimburg	sement for share	ed expense	Surplus Dis	stribution		
Description	L							
			SUBTO	OTAL Sect	tion C — T	his Page		
			TOTAL	of additio	nal Section	C Pages		
	TOTALO	F ALL COMMI						
		ns C1 + C2) <i>(Enter</i>						

NAME OF COMMITTEE (Provide Complete Name as R	egistered with Filing Repos	itory)		TYPE OF	REPORT	
	D. Loans	Receiv	ed this Period			
Name of Lender			Source of Loan:	ndidate ( ) Individua		Date of Receipt
Street Address	City		<u> </u>	State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	·
Name of Lender			Source of Loan: Bank Ca	ndidate 🔘 Individua	ol Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	······································			<u> </u>	·····	Amount Received
Street Address	City			State	Zip Code	·
Name of Lender			Source of Loan:  Bank Ca	ndidate O Individua	ol Other Committee	Date of Receipt
Street Address	City	<del>, , , , , , , , , , , , , , , , , , , </del>		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	***************************************			-		Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECT	TION D		
E. Receipts from Entities	other than Indi	viduals	or Other Com	ımittees (Referen	idum Committe	es ONLY)
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	outions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	outions	
Name of Entity		1				
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrit	outions	
			TOTAL SEC	TIONE		

NAME OF COMMITT	EE (Provide Complete Name as Registere	d with Filing Repository)		TYPE OF REPORT	
J	F. Amount Transferred fr	om Affiliated Busin	iess Treasury (Busi	ness Entity Committees ONLY)	
ate of Receipt	Is this transaction associate event reported in Section I		yes, list Event #	Amount	
ate of Receipt	Is this transaction associate event reported in Section L	2 103 1	yes, list Event#	Amount	
Pate of Receipt	Is this transaction associate event reported in Section L	100 1/.	yes, list Event#	Amount	
Date of Receipt	Is this transaction associate event reported in Section L	<u></u>	yes, list Event#	Amount	
	l		TOTAL SECTION	N F	
					- Val - 1333 () a
G. Amount T	Transferred from Affiliate	d Labor Union or O	ther Organization	Treasury (Organization Comm	ittees ONLY)
Date of Receipt	Da	ate of Receipt		Date of Receipt	
	Amount	Amou	int	Amount	
	1		TOTAL SECTION	G	
	H. Personal Funds of th	ie Candidate Receiv	ed this Period (Car		
Date of Receipt	Method of payment:	-		Amour	ıt
	O Cash	Personal Check	Credit/Debit		
Date of Receipt	Method of payment:  Cash	Personal Check	Credit/Debit	Amour Card	ıt
Date of Receipt	Method of payment:			Amour	ıt
	<b>O</b> Cash	Personal Check	Credit/Debit	Card	
Date of Receipt	Method of payment:			Amour	ıt
	<b>O</b> Cash	Personal Check	Credit/Debit	Card	
			TOTAL SECTION	DN H	

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete	e Name as Registered with Filing Repository)			F REPORT	
	I Interest from Descrite in Author				
Name of Institution	J. Interest from Deposits in Author	Alexander and Alexander South	S Date Rece	eived	Amount
					12110 4110
Street Address	City	Sta	ate	Zip Code	
Name of Institution			Date Rece	eived	Amount
Street Address	City	Sta	ıte	Zip Code	
	тот	AL SECTION	J		
K. N	Miscellaneous Monetary Receipts not Co	nsidered Con	tribut	ions	
Name			Date	e of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			<u> </u>		-
Name		*****	Date	e of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					_
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date	of Transaction	Amount Received
Street Address			Ctata	[7: 0.1	
Sirect Address	City		State	Zip Code	
Description					
	TOTAL S	ECTION K			
SUMMA	ARY OF OTHER MONETARY RECEI	PTS (Sections	D thr	ough K)	
Total Loans Received this Period (Se					
Total Receipts from Entities other tha	an Individuals or Other Committees (Section E)		+		······································
Total Amount Transferred from Affi	liated Business Treasury (Section F)		+		
Total Amount Transferred from Affi	liated Labor Union or Other Organization Treast	ury (Section G)	+		
Total Amount of Personal Funds of t	he Candidate Received this Period (Section H)		+		
Total Amount of Interest from Depos	sits in Authorized Accounts (Section J)		+		

#### II. EVENT ACTIVITY (Sections L1—L5)

		_ , (= 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	, 		VII. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
	L1. Even	t Information				
Event#	Description			Ī.,		
Date of Event Letter				Was this a fu OYes	ndraising event?  No	
Location: Street Address		City		State	Zip Code	
Subpart 1: (All Committee Was this event hosted at a	•	OYes (If yes, go to Section L	5 In-Kind Donations ruse Party and complet			
			st(s) for food, beverage		. •	
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section L and complete required No		not Considered	Contributions	
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$		
		O No		<u> </u>		
	nittees, Municipal Candidates and Political Commandvertising space in a program book or on a fundraiser?	OYes (If yes, go to Section L	Committees) 3 Purchases of Advert		Program Book	
Subpart 3: (Town Comn						
	food or beverage at a fair or similar mass	Yes (If yes, enter Total Rec	eipts here.)	→ \$		
gathering held within the	state with this fundraiser?	ONo				
Event #	In the second					
Date of Event Letter	Description			Was this a fur OYes	ndraising event?  ONo	
Location: Street Address		City		State	Zip Code	
Subpart 1: (All Committ	ees)					
Was this event hosted at a	a personal residence?	Yes (If yes, go to Section L:  Associated with a Hou purchases made by hos  No	ise Party and complete	e required infor		
Did this fundraiser includ	le goods or services donated by a business entity	Yes (If yes, go to Section L	4 In-Kind Donations r	not Considered	Contributions	
of up to \$200 or items do	nated by an individual of up to \$100?	and complete required  No				
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$		
		O No		<u> </u>		
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Command advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.	Committees) 3 Purchases of Adverti- plete required information		Program Book	
Subpart 3: (Town Comn						
	food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	eipts here.)	\$		
SURTOTAL Soction	on L1—Subpart 1 (All Committees) Total Receipts fr	ONo  Tam Sale of Donated Items —	This Page			
		ion L1—Subpart 3 (Town Commit	(1997-1997)			
		ipts from Food Purchases —				
		TOTAL of additional Section		***************************************		
		IPTS FROM SMALL PUI In Line 16a, Column A of Summary				

### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  L3. Purchases of Advertising in a Program Book or on a Sign  Name of Purchaser  Facebook  Street Address  City  TYPE OF REPORT  Purchase Made By:  Business Entity  Individual/Sole	Proprietorship Zip Code
Name of Purchaser  Facebook  Purchase Made By:  Business Entity  Individual/Sole	Proprietorship Zip Code
Facebook Business Entity Individual/Sole	Proprietorship Zip Code
Facebook	Proprietorship Zip Code
Street Address City State	
Bristol	_!
Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of S	ign Purchase
10/02/2017 95.00 95.00	
Name of Purchaser Purchase Made By:	
Business Entity Individual/Sole	Other Proprietorship
Street Address City State	Zip Code
Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of S	ign Purchase
Name of Purchaser Purchase Made By:	
Business Entity Individual/Sole	Other Proprietorship
Street Address City State	Zip Code
Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of S	ign Purchase
Name of Purchaser Purchase Made By:	
Business Entity	Other
☐ Individual/Sole	Proprietorship
Street Address City State	Zip Code
Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of S	ign Purchase
Name of Purchaser Purchase Made By:	
© Business Entity	Other
Individual/Sole	
Street Address City State	Zip Code
Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Si	gn Purchase
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 95.00	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages 0	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)	

NAME OF COMMITTI	GD (Dil Cl. N.	7		Trymp or	DEDODÆ		
NAME OF COMMINITY	EE (Provide Complete Name as	s negisierea with Filing Repos	suory)	TYPE OF	KEPUK1		
	T.a	In-Kind Donatio	ns Not Cons	idered Contributions			
Name of Donor		INIM DURALIU	ma 140t COHS	inci cu Comi ibunions			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market V	alue of Donation
Business Entity					İ		
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship							
Name of Donor				-			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation
Business Entity							
Ondividual	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation
Business Entity							
Ondividual	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		I.		Fair	Market Va	lue of Donation
Business Entity							
O Individual	Date Received	Event #		Aggregate value for this Event			
O Sole Proprietorship							
		QI.	RTOTAL Sect	ion L4 — This Page			
		St	BIGIAL SEC	100 L42			
		ТО	TAL of additio	nal Section L4 Pages			
TO	FAL OF ALL IN-KIND	DONATIONS NOT ( (Enter total on Line 21					
<u> 2008-1904 (100-1908)</u>							

### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Filing Repos	sitory)			TYPE OF RE	PORT	
L5. Iı	n-Kind Donations Not Consider	red (	Contributions Associa	ted with a H	Iouse Par	tv	
Name of Host							ne candidate or
				committee?			
				If yes, con	mplete <b>Itemiz</b>	ation in Ad	dendum L5
Street Address			City	<u> </u>	······································	State	Zip Code
						<u> </u>	<u></u>
Description of Donation					Fair Maı	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate			
Name of Host				Is this event s	upporting m	ore than or	ne candidate or
				committee? (	-		
				If yes, con	nplete Itemiza	tion in Add	
Street Address			City			State	Zip Code
Description of Description	<del></del>		<u> </u>	<del> </del>		L	<u> </u>
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event-all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
No of Head			·	7 01			1.1.
Name of Host				committee?	upporting mo	ore than or	ne candidate or
				1	nplete Itemiza		lendum I 5
Street Address			I Cit.	IJ yes, coi	inpicto remizz	·	Zip Code
Street Address			City			State	Zip Code
Description of Donation			L		Fair Mar	ket Value	of Donation
					1 42 1/241		
		<del></del>					
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
Name of Host				Is this event s	upporting mo	ore than or	ne candidate or
				committee? (			
				If yes, cor	nplete <b>Itemiz</b> a	tion in Add	lendum L5
Street Address			City		·,····	State	Zip Code
			L			<u> </u>	
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
,	Tiggregate value of any 210th any 100th	1	P8				
		CITE	TOTAL Section L5 —	This Dogo			
	그림에서 하는 것도 사이를 들면 말았다. 하는 것은 말이 들어 되었다. 사람이 있는데 이 아이를 하는데 하는 것을 살을 살았습니다.	SOL	of OTAL Section L3—	illis i age			
		130,174					
	${f T}'$	OTA	AL of additional Section	L5 Pages			
	ALL IN-KIND DONATIONS NO						
ASSOCIATED WITH A	HOUSE PARTY (Enter total on L	ine 2	22, Column A of Summary 1	Page Totals)			
\							

#### III. NONMONETARY RECEIPTS (Sections M—O)

Revised January 2015					النالد	11 15 (5000	119 141	_0)			
NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Repositor	(ציו			TYPE	OF REPORT			
			M. In-K	ind Con	trik	outions	<u> </u>				
Name	um es casa herro di 14	en en de tente de Albe	and the second seco			ings negleby en vient (1, 2, 5, 15, 15, 15)		and the red in the part of the	et esse Dake D		
Street Address					City					State	Zip Code
Type of contributor: Committee OIndividual / Sole Proprietorship Other	Date Rece	ived	Aggregate Con	ntributions		Description of In-Kind	Contribut	ion			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No					7,	Fair Market Value of this Contribution					
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	utor a principal , indicate whic ernment the co	h branch or	bran	ctor or prospective st aches Executive		Ŏ	Yes No		
Name											
Street Address					City					State	Zip Code
Type of contributor: Committee  Ondividual / Sole Proprietorship Other	Date Rece	ived	Aggregate Cor	ntributions		Description of In-Kind	Contribut	ion			<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		r business he/sl		ted w	for a chief executive with have a contract w			у,		Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	utor a principal indicate which ernment the cor	h branch or l	bran	ctor or prospective sta	_	Ŏ1			
Name		<u> </u>									
Street Address	<u></u>				City					State	Zip Code
Type of contributor: Committee Olindividual / Sole Proprietorship Other	Date Rece	ived	Aggregate Cor	ntributions		Description of In-Kind (	Contributi	on	J		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		r business he/sl		ted w	for a chief executive with have a contract w			у,	Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	Yes No	If yes,	itor a principal indicate which ernment the cor	h branch or l	bran	etor or prospective sta	_	Q <sub>1</sub>	Yes No		
			SUI	BTOTAL S	Secti	ion M — This Pag	ge				
			TOT	AL of addi	tion	al Section M Page	es				
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS @	Enter total on L	ine 23, Colun	mn A	of Summary Page To	tals)				
	N	. Refun	dable Dep	osit to Te	elep	hone Compan	y				
Last Name of Individual				First				MI	Da	te Deposit	Made
Residential Street Address	<del></del>	**************************************	City	<b>I</b>			State	Zip Code		1	amount of Deposit
Name of Telephone Company											
Street Address	***************************************		City	7			State	Zip Code	,		
TOTAL SI	ECTION	l N (Enter	total on Line	24, Column 2	A of	Summary Page Tota	ls)				

SEEC FORM 20

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
			a salah di kacamatan		
P. Expenses	Paid by Committee				
Name of Payee					
Staples			1 =		
	City	<b>I</b>	State	Zip Code	
vė	Bristol		Ct	06010	
Description		Event #		Amount	
Office Supplies	·		223.2	9	
None of the below Coordinated with reimbursement sought (joint expenditu	re) 🚺 Indepen	dent			
		Date of Payment	Method of		
		10/11/2017	1 -		
	City			Card OEFT Zip Code	
	Lexington		Ma	02421	
Description	<u> </u>	Event #	1	Amount	
Palm Cards			109.35		
None of the below Coordinated with reimbursement sought (joint expenditur	re)	lent			
		Date of Payment	Method of	•	
			_		
	City		State Debit	Card OEFT Zip Code	
Description	I	Event#		Amount	
None of the below Coordinated with reimbursement sought (joint expenditu	ure)	ndent			
		Date of Payment	Method of		
			1 =		
	City		State	Zip Code	
	Bristol		ŀ		
Description		Event#		Amount	
Literature Drop		100.0	0		
None of the below Coordinated with reimbursement sought (joint expenditu	re) 🚺 Indepen	dent			
	SUBTOTAL Section P —	- This Page   432.64			
TC	OTAL of additional Section	on P Pages			
	P. Expenses  P. Expenses  P. Expenses  Type of Expenditure (Itemization in Addendum P Required under Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind content of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind content of the below Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind content of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated without reimb	Description Office Supplies  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Description Palm Cards  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is Coordinated without reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Description  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is Coordinated without reimbursement sought (joint expenditure) Coordinated with reimbursement sought (in-kind contribution)  City  Description  City City City Bristol  Description  Literature Drop  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is Coordinated with reimbursement sought (in-kind contribution)  Description  Literature Drop  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is Coordinated with reimbursement sought (in-kind contribution)  Description  Literature Drop  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is Coordinated with reimbursement sought (in-kind contribution)  Substotal Section P—  TOTAL of additional Section  TOTAL of ALL EXPENSES PAID BY COM	P. Expenses Paid by Committee    Date of Payment   10/10/2017	P. Expenses Paid by Committee    Date of Psyment   10/10/2017     December   10/10/2017   December   10/10/2017   December   10/11/2017   December   10/11/201	

Revised January 2015		1 CILLS (Sections	· · · · · · · · · · · · · · · · · ·			
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPOR	<u>r</u>		
	O Commoise Far	somoo Doid ku Cood				
N CD (N C		penses Paid by Cand				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reim	bursement claimed?	
					Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)			- · · · · · · · · · · · · · · · · · · ·		Zimount	
Name of Pavee (Name of V	 		Date of Payment	Is reim	bursement claimed?	
			2440 01149,1444	_	_	
				0	Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)			·			
N. CD. (N. CY			I D i CD			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
					Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description	1	Event #		Amount	
(by code)						
27						
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment		bursement claimed?	
					Yes No	
Street Address		City	i	State	Zip Code	
Purpose of Expenditure	Description	_1	Event #		Amount	
(by code)						
			<u> </u>			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				0	Yes 🔘 No	
Street Address		City		State	Zip Code	
	•					
Purpose of Expenditure	Description	<u> </u>	Event #		Amount	
(by code)						
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?	
,				0	Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description	1	Event #		l Amount	
(by code)	,					
		SUBTOTAL Section Q –	- This Page			
	To	OTAL of additional Section	on Q Pages			
		PENSES PAID BY CA				
	(Enter total on Li	ne 26, Column A of Summar	y Page Totals)			

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with	h Filing Repository)	TYPE OF REF	PORT	
	R. Expen	ses Incurred on Committee	Credit Card		
Name of Issuing Insti	itution	Type of Credit Card:  Visa Mas	ter Card Discover	American Expres	s Other:
Name of Vendor, Person	or Entity			Date of	Transaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenoted None of the below Coordinated with reimbursement sou Coordinated without reimbursement sou		ow" is checked)  dependent ganization: OA OB O	с Ор	
Name of Vendor, Person	Entity				Fransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenoted None of the below Coordinated with reimbursement sou Coordinated without reimbursement	• · · · · •	dependent	с Ор	
Name of Vendor, Person of	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenoted None of the below Coordinated with reimbursement sour Coordinated without reimbursement sour Coordinated without reimbursement sources.)		ow" is checked)  dependent ganization: OA OB Oc	с Ор	
		SUBTOTAL Section R	— This Page		
		TOTAL of additional Sec	tion R Pages		
ТО	TAL OF ALL EXPENSES INCU (En	JRRED ON COMMITTEE CR nter total on Line 27, Column A of Summ	아마이 얼마나 아마리를 하게 하는데 이 사람이 되는데 하는데 하는데 그렇게 되었다.		

NAME OF COMMIT	TEE (Provide Complete Name as Registered wi	th Filing Repository)	TYPE OF REPOR	ΣT			
	S. Expenses Incur	red by Committee but Not Pa	 aid During this Period				
Name of Creditor			<b>9</b>	Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adder None of the below Coordinated with reimbursement so Coordinated without reimbursement	ought (joint expenditure)	ow" is checked)  independent  rganization: A B C	Op			
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	1	nount Incurred timate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adders  None of the below Coordinated with reimbursement so Coordinated without reimbursement	ught (joint expenditure)	ow" is checked)  idependent rganization:  A B C	O <sup>D</sup>			
Name of Creditor				Date Incur	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		ount Incurred timate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addention of the below Coordinated with reimbursement so Coordinated without reimbursement	ught (joint expenditure)	ow" is checked)  idependent  rganization: OA OB OC	Op			
		SUBTOTAL Sect	ion S-This Page	•			
		TOTAL of additional	Section S Pages				
TOTAL OF ALL I	EXPENSES INCURRED BY COMN	AITTEE DURING THIS PERIOD I (Enter total on Line 28, Column A of Su			·		
	Previousl	y reported Expenses Unpaid and sti	ll Outstanding				
		ES INCURRED BY COMMITTEE Enter total on Line 28a, Column A of Sur					

			, 발생, 자기 : [선택				
NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposite	ory)	TY	PE OF RE	EPORT		
	T. Itemization of Reim	bursements and Seco	ndary Pa	yees			
Last Name of Worker/Con	sultant	First			MI	Date of Person of	Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant				to Reimburse n Section P:	Committee '	Worker/Consultant as
				O Che	ck #		bit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	penditure)	" is checked) pendent O	0 0			
Last Name of Worker/Con	sultant	First			MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant				n Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		-		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	enditure)	" is checked)  pendent O  nization: O A	o c	) O		
Last Name of Worker/Con	nsultant	First			MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant	<u>-</u>			n Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City	Refer to the second	<b></b>		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint experiment)  Coordinated with reimbursement sought (joint experiment)  Coordinated without reimbursement sought (in-kin)	enditure)	" is checked) pendent O nization: O A	O C	) С о в		
		SUBTOTAL Section T	— This Pa	ge			
		TOTAL of additional Se	ction T Pag	ges			
TOTAL OF ALI	L REIMBURSEMENT TO COMMITTEE	WORKERS AND CON	SULTAN	TS			
				-			